

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

A/No Fee

68588 U.S. PTO  
08/873601  
06/12/97

66202 U.S. PTO  
06/12/97

"EXPRESS MAIL" MAILING LABEL

NUMBER EM554258216US

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I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: THE ASSISTANT COMMISSIONER FOR PATENTS, BOX PATENT APPLICATION, WASHINGTON, DC 20231.

TYPED NAME LISA LEOS

SIGNED

*Lisa Leos*

Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, DC 20231

Sir:

Transmitted herewith for filing is the patent application of Inventor(s) GARRY P. NOLAN; DONALD PAYAN

For: COMBINATORIAL ENZYMATIC COMPLEXES

Enclosed are also:

- Prior Art Statement
- 6 Sheets of drawing, Formal , Informal  XX
- An Assignment of the invention to: \_\_\_\_\_
- Cost of recording to be charged to Deposit Account No. 06-1300 (Order No. A- / )
- Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32
- Combined Declaration and Power of Attorney for Patent Application
- Declaration for Patent Application
- Associate Power of Attorney
- Small Entity Status Declaration Under 37 CFR \_\_\_\_\_

|                                    | (Col. 1)<br>NO. FILED | (Col. 2)<br>NO. EXTRA | SMALL ENTITY<br>RATE | FEE   | OTHER THAN SMALL ENTITY<br>RATE | FEE   |
|------------------------------------|-----------------------|-----------------------|----------------------|-------|---------------------------------|-------|
| BASIC FEE                          |                       |                       |                      | \$385 |                                 | \$770 |
| TOTAL CLAIMS                       | <u>32</u> - 20 = 36   | 12                    | x 11 =               | \$132 | x 22 =                          | \$    |
| INDEP CLAIMS                       | <u>6</u> - 3 = 3      | 3                     | x 40 =               | \$120 | x 80 =                          | \$    |
| MULTIPLE DEPENDENT CLAIM PRESENTED |                       |                       | +130 =               | \$130 | +260 =                          | \$    |
|                                    |                       |                       | TOTAL                | \$767 | TOTAL                           | \$    |

If the difference in Col 1 is less than zero, enter "0" in Col. 2

NO Check to cover the filing fee is enclosed.

Respectfully submitted,

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